South West Digital Coalition
Clinical Testing Guidelines for EMR Compatible Forms

Form Name:

Component	Description	YES	NO
Was there fair workflow in completing the form?			
Did the signature populate?			
Is the "referring" physician field actually identifying "CURRENT" user?			
Are components generic for the purposes of being used across the region (ie. No pre-checked location or provider boxes)?			
Was there adequate space for appropriate contact info? (ie. home, mobile and work phone; multiple address lines)			
Was proper information imported into the form?			
Did you need to print or print-preview the form before being to fax it?			
Have you faxed the form to yourself and does it look like it should?			
To your knowledge, is this form replacing a previous version of this form? If so, please state			
Suggested Key Words (Please identify key words to assist individuals to find the form easily)			
Overall Comments			

Reviewer Name: **Review Date:**